

355-ES Massachusetts
Dept. of Revenue**Corporate Estimated Tax Payment — 2015****Voucher 1**

For calendar year 2015 or other taxable year beginning in 2015

Federal Identification number	DOR use only	Taxable year	Due date	Fill out a & b, only if amending or making first payment.		
Name of corporation				a. Total tax for prior year.	b. Overpayment from last year credited to estimated tax for this year.	
				\$	\$	
Street address				c. Estimated tax for the year ending:		
				MONTH / DAY / YEAR		\$
City/Town				1. Amount of this installment (.40 times estimated tax).*		\$
				2. Amount of unused overpayment credit, if any, applied to this installment (see instructions)		\$
State Zip				3. Amount of this tax expected to be withheld during 2015.		\$
				4. Amount due with this installment.		\$
Return this voucher with check or money order payable to: Commonwealth of Massachusetts.				*New corporations in their first full taxable year with less than 10 employees have lower percentages: 30/25/25/20%; 55/25/20% and 80/20%.		
Mail to: Massachusetts Department of Revenue, PO Box 7046, Boston, MA 02204.				Check appropriate box: ☐ Domestic corp. (0167) ☐ Foreign corp. (0168) ☐ Other _____		

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For calendar year 2015 or other taxable year beginning in 2015

Federal Identification number	DOR use only	Taxable year	Due date	Fill out a & b, only if amending or making first payment.		
Name of corporation				a. Total tax for prior year.	b. Overpayment from last year credited to estimated tax for this year.	
				\$	\$	
Street address				c. Estimated tax for the year ending:		
				MONTH / DAY / YEAR		\$
City/Town				1. Amount of this installment (.25 times estimated tax).*		\$
				2. Amount of unused overpayment credit, if any, applied to this installment (see instructions)		\$
State Zip				3. Amount of this tax expected to be withheld during 2015.		\$
				4. Amount due with this installment.		\$
Return this voucher with check or money order payable to: Commonwealth of Massachusetts.				*New corporations in their first full taxable year with less than 10 employees have lower percentages: 30/25/25/20%; 55/25/20% and 80/20%.		
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Federal Identification number	DOR use only	Taxable year	Due date	Fill out a & b, only if amending or making first payment.		
Name of corporation				a. Total tax for prior year.	b. Overpayment from last year credited to estimated tax for this year.	
				\$	\$	
Street address				c. Estimated tax for the year ending:		
				MONTH / DAY / YEAR		\$
City/Town				1. Amount of this installment (.25 times estimated tax).*		\$
				2. Amount of unused overpayment credit, if any, applied to this installment (see instructions)		\$
State				3. Amount of this tax expected to be withheld during 2015.		\$
				4. Amount due with this installment.		\$
Zip				*New corporations in their first full taxable year with less than 10 employees have lower percentages: 30/25/25/20%; 55/25/20% and 80/20%.		
Return this voucher with check or money order payable to: Commonwealth of Massachusetts.				Check appropriate box:		
Mail to: Massachusetts Department of Revenue, PO Box 7046, Boston, MA 02204.				☐ Domestic corp. (0167)		
				☐ Foreign corp. (0168)		
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Dept. of Revenue**Corporate Estimated Tax Payment — 2015****Voucher 4**

For calendar year 2015 or other taxable year beginning in 2015

Federal Identification number	DOR use only	Taxable year	Due date	Fill out a & b, only if amending or making first payment.		
Name of corporation				a. Total tax for prior year.	b. Overpayment from last year credited to estimated tax for this year.	
				\$	\$	
Street address				c. Estimated tax for the year ending:		
				MONTH / DAY / YEAR		\$
City/Town				1. Amount of this installment (.10 times estimated tax).*		\$
				2. Amount of unused overpayment credit, if any, applied to this installment (see instructions)		\$
State Zip				3. Amount of this tax expected to be withheld during 2015.		\$
				4. Amount due with this installment.		\$
Return this voucher with check or money order payable to: Commonwealth of Massachusetts.				*New corporations in their first full taxable year with less than 10 employees have lower percentages: 30/25/25/20%; 55/25/20% and 80/20%.		
Mail to: Massachusetts Department of Revenue, PO Box 7046, Boston, MA 02204.				Check appropriate box: ☐ Domestic corp. (0167) ☐ Foreign corp. (0168) ☐ Other _____		